

Department of Corrections  
Mecklenburg Correctional Center Classification Center  
Intake History/Information

Inmate Name: <u>Delaney, George</u>		Number: <u>374390</u>
LAST FIRST MI		DOC
Date	Signature/Title	
<u>8/4/07</u>	Received at Mecklenburg Correctional Center for Classification from: <u>Va. Beach</u> with confidential medical records delivered to the Medical Department. Were records sealed? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
	Allergies: <u>NKA</u>	
	Last PPD with results: <u>Hx Past Positive</u>	
	Temperature: <u>97.4</u> Pulse: <u>60</u> Respirations: <u>16</u> Blood Pressure: <u>110/58</u> Weight: <u>174</u>	
	Current Medical Problems: <u>Chronic constipation</u> <u>Colostomy Stricture Sm bowel @ connection</u>	
	Current Medications: <u>Pen VIL 500mg QID x 7 days</u> <u>Colace i qd</u> <u>Symptom Ti BID PRN</u> <u>Melaminil i pkg BID</u> <u>* Court Order for Special Diet</u>	
	Mental Health History: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
	Pending Appointments: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No :	
	Routine Chest X-Ray: <input type="checkbox"/> Yes <input type="checkbox"/> No	
<u>8/16/07</u>	CBC, RBS, RPR & BMP/8 - Drawn <u>today</u>	
	Urinalysis Specimen Obtained <u>today</u>	
	Oriented to Medical Procedures/cons given. <input type="checkbox"/> Yes <input type="checkbox"/> No	
	Inmate's Signature: <u>George Delaney</u>	
	Nurse's Signature: <u>Ruell</u>	

[ 00026 ]



VIRGINIA DEPARTMENT OF CORRECTIONS  
Complaint and Treatment Form (DOC 711)

Effective Date:  
Operating Procedure# 718\_2

Commonwealth of Virginia  
Department of Corrections  
Complaint and Treatment Form (DOC 711)

Inmate Name Delaney, George Inmate Number 374390  
Last First

Mecklenburg C.C.

Institution/Date/Time	Complaint and Treatment	Signature and Title
8/15/07 10 <sup>00</sup>	Spoke with Dr. Wray; will give bottom bunk x 30 days pending Classification. Shalman Inc	8-22-07
8-22-07 1410	C-TO MEDICAL FOR CLASSIFICATION	
	98' 116/175 64 20	B. Dwyer LPN
8-22-07	Classification	
	① Review all records for medical records etc. ✓	
	② T.D. water ✓	
	③ Metformin 1 Tbsp. ✓	
	④ 2oz water B.I.D. x 30 days ✓	
	⑤ Do not give any vegetables please ✓	
	⑥ Do not give apples or any other types of fruit ✓	
	⑦ Enema (C-TO) B.I.D. x 30 days ✓	
	⑧ Enema (C-TO) B.I.D. x 30 days ✓	
	⑨ Enema (C-TO) B.I.D. x 30 days ✓	
	⑩ Enema (C-TO) B.I.D. x 30 days ✓	
	⑪ Enema (C-TO) B.I.D. x 30 days ✓	
	⑫ Enema (C-TO) B.I.D. x 30 days ✓	
	⑬ Enema (C-TO) B.I.D. x 30 days ✓	
	⑭ Enema (C-TO) B.I.D. x 30 days ✓	
	⑮ Enema (C-TO) B.I.D. x 30 days ✓	
	⑯ Enema (C-TO) B.I.D. x 30 days ✓	
	⑰ Enema (C-TO) B.I.D. x 30 days ✓	
	⑱ Enema (C-TO) B.I.D. x 30 days ✓	
	⑲ Enema (C-TO) B.I.D. x 30 days ✓	
	⑳ Enema (C-TO) B.I.D. x 30 days ✓	
	㉑ Enema (C-TO) B.I.D. x 30 days ✓	
	㉒ Enema (C-TO) B.I.D. x 30 days ✓	
	㉓ Enema (C-TO) B.I.D. x 30 days ✓	
	㉔ Enema (C-TO) B.I.D. x 30 days ✓	
	㉕ Enema (C-TO) B.I.D. x 30 days ✓	
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	㊲ Enema (C-TO) B.I.D. x 30 days ✓	
	㊳ Enema (C-TO) B.I.D. x 30 days ✓	
	㊴ Enema (C-TO) B.I.D. x 30 days ✓	
	㊵ Enema (C-TO) B.I.D. x 30 days ✓	
	㊶ Enema (C-TO) B.I.D. x 30 days ✓	
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	㊾ Enema (C-TO) B.I.D. x 30 days ✓	
	㊿ Enema (C-TO) B.I.D. x 30 days ✓	

Noted 8-22-07 B. Dwyer LPN @ 1535



VIRGINIA DEPARTMENT OF CORRECTIONS  
Complaint and Treatment Form (DOC 711)

Effective Date: June 1, 2007  
Operating Procedure #720.1 Attachment #1

Facility: Macklenburg Correctional Center

Offender Name: DELANEY GEORGE Number: 374390  
Last First

Date/Time	Complaint and Treatment	Signature and Title
8/28/07	E) MTC SEE 8/22/07 D) T-98° P-64 R-16 B/P 112/68	
8-28-07	<p>Stated that he got Aggravated HC Pimp - only today &amp; that if he could ① Please give Turkey fish, chicken, anchovies of pasta, rice and fruit two provisions requested</p> <p>② HC place - see no need for this</p> <p>③ HC National Violated 8/28/07</p>	<p>✓ Did Short part to toilet</p>
8-29-07 2200	<p>C- I/m to medical c/o - excoriation of rectum due to diet problems. G- 4/5 BP 120/68 P70 - R - 18 - I/m presents c/o excoriation of rectum &amp; back pain from twisting in stool due to burning on rectum - Rectal area shows slight swelling &amp; only marginal excoriation in area. Diet order of 8-28-07 re-issued to kitchen copy given to I/m</p> <p>I - Per nursing guidelines vaseline tubes (3) issued to I/m for relief of excoriation. Suggested c/o to medical if problem continues</p>	



VIRGINIA DEPARTMENT OF CORRECTIONS  
Complaint and Treatment Form (DOC 711)

Effective Date: June 1, 2007  
Operating Procedure #720.1 Attachment #1

Facility: Mecklenburg Correctional Center

Offender Name: Delaney George  
Last First

Number: 374396

Date/Time	Complaint and Treatment	Signature and Title
9/7/07	<p>c) after swelling/pain rectal area RE: 9/22/07 - 9/28/07</p> <p>d) T-98 P-65 R-16 B/P 115/66 onset-97%</p> <p>e) 1. Ref to MD</p>	<i>[Signature]</i>
9-12-07	<p>For Hq on Rectal pain and swelling B R-18 T-974 P 60 BP 90/60</p>	<i>[Signature]</i>
9-12-07	<p>FN on rectal pain states that he is generally much better - has not felt the old anal pain cut has been sooth during Repts of rectal an Nylent.</p> <p>EST is Hq Pan Pain x 30 days R (E) around Hq Supp onset in Rectal B/P x 10 days 9/12/07 2325</p>	<i>[Signature]</i>
9/27/07	<p>Flm is due Enures due to unavailability for 11 days. Just received today, therefore shipping some cans with him</p>	<i>[Signature]</i>







VIRGINIA DEPARTMENT OF CORRECTIONS  
(Intrastate Transfer Medical  
DOC Form 726-B)

view

Operating Procedure

719

Effective Date: September 2004  
Attachment 2

Inmate Name <u>Delaney - George</u>	Inmate Number <u>374390</u>	Date <u>9-28-07</u>
Received At <u>LCC</u>	Received From <u>MCC</u>	Allergies <u>NKDA-</u>
Medical Code <u>A-12</u>	Location Code <u>B-1</u>	Mental Health Code <u>0</u>
Last PPD (Date and Results) <u>PAST+ (1984)</u>	Date of last Tetanus diphtheria <u>8-22-07</u>	DNA Drawn Yes: <input checked="" type="checkbox"/> No: <input type="checkbox"/> Date <u>8-29-07</u>

Vital Signs			Special Diet	
Temperature: <u>98.1</u>	Pulse: <u>80</u>	Respiration: <u>18</u>	Yes: <input checked="" type="checkbox"/> No: <input type="checkbox"/>	<u>Chicken - pasta</u>
Weight: <u>179.163</u>	Blood pressure: <u>136/82</u>	Pov: <u>97%</u>	Type: _____	Date: _____
<u>DOE 60 H+P 8-22-07</u>				

Current Medications			
Drug	Amount Sent	Drug	Amount Sent
1. <u>Fat 2</u>	<u>0</u>	5.	
2. <u>ENOX</u>	<u>28 (cont)</u>	6.	
3.		7.	
4.		8.	

Current Medical/Dental Problems: colostomy

<b>Mental Health problems:</b> 1. Any current M. H. Complaints? <u>0</u> 2. Any history of Substance Abuse? <u>yes</u> 3. Any history of Treatment? <u>yes</u>	<b>Mental Health Screening:</b> 1. Present Suicidal Ideations? <u>0</u> 2. Observed Symptoms of Psychosis? <u>0</u> ; Depression? <u>0</u> ; Anxiety? <u>0</u> ; or Aggression? <u>0</u> 3. History of Suicidal Behavior? <u>0</u> 4. History of Inpatient/outpatient treatment? <u>0</u> 5. Current Mental Health Treatment? <u>0</u>
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Pending Appointments: cc - md

Overall Comments: (i.e. - general appearances & behavior, physical deformities, abuse, trauma, etc.) AAC - calm - cooperative  
well informed

**Medical Disposition of Inmate:**

General Population: ☒ Segregation: \_\_\_\_\_ GP with MH Referral: \_\_\_\_\_

Emergency referral for MH Care: \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_  
(Name of QMHP notified)

Referral for Emergency Treatment: \_\_\_\_\_

Nurse Signature/Date: 9-28-07

Medical Handout Orientation Issued: ☒

Dental Hygiene Handout Issued: ☒

George Delaney

[ 00031 ]



VIRGINIA DEPARTMENT OF CORRECTIONS  
Complaint and Treatment Form (DOC 711)

Effective Date:  
Operating Procedure# 718\_2

Commonwealth of Virginia  
Department of Corrections  
Complaint and Treatment Form (DOC 711)

Inmate Name Delaney George  
Last First

Inmate Number 374390

Institution/Date/Time	Complaint and Treatment	Signature and Title
LCC 9-28-07	C: Intake to LCC	
1450	O: See Intrasystem Transfer Form	
	I: Chronic Care Nurse Referral - <input checked="" type="radio"/> yes <input type="radio"/> no	
	MD Appointment <input checked="" type="radio"/> yes <input type="radio"/> no 10-8-07	
	Sick Call Appointment <input type="radio"/> yes <input checked="" type="radio"/> no	
	Psychology Referral <input type="radio"/> yes <input checked="" type="radio"/> no	
	Orientation Packet Given <input checked="" type="radio"/> yes <input type="radio"/> no	
	Viewed Health Eating Video <input checked="" type="radio"/> yes <input type="radio"/> no	
	Medication <input checked="" type="radio"/> yes <input type="radio"/> no	
	- Orders: (Medications Placed on NOS) <input checked="" type="radio"/> yes <input type="radio"/> no	
	① Enure- 1 can Bid- x 30 days-	
	② EST. 2 Tabs- Tid- PRO-x 30 days-	
	③ Botherum Bunk - x 30 days-	
	LO: Chair / P. Treatment 100	
9-28-07	neg assessed - I.M. decided	
1450	to go to housing unit &	
	watch commander talk to	
	him	
9-29-07	① Emergency Grievance received	
10:30A	r/t not taking Metamucil daily.	
	② No order for Metamucil noted in	
	chart prior to transfer to LCC and/or	
	at transfer.	

10-8-07 → I) MD appt scheduled. I.M. was informed to attend  
of above and informed to put in sick request  
if B.M. continues. — W. Williams, MD



VIRGINIA DEPARTMENT OF CORRECTIONS  
Complaint and Treatment Form (DOC 711)

Effective Date: June 1, 2007  
Operating Procedure #720.1 Attachment #1

Facility:

Lemonberry Correctional Center

Offender Name:

Delaney

George

Number: 374390

Last

First

Signature and Title

Date/Time

Complaint and Treatment

9-30-07 12N	C) Emergency Grievance received w/it his request for Metamucil. (See 9/29/07 Grievance charting). I) MD was called & informed. MD will discuss Tim's request during his upcoming MD appt. - W.D. Williams	
See 10-8-07 1300 WT. 182 HT. 5'10" BP. 124/82 P. 72 R. 18 T. 97.2 NKA	New intake physical - 1x total colectomy 47 y/o, 0 <sup>+</sup> , 1/2 ulcerative colitis Total Colectomy & Ileostomy 1997. Closure of Ileostomy 04/1998. S/I Rectal bio comfort - States that BM 15x daily. Demos Fever, vomiting on Abdominal Pain. Bowel frequency now less. 2. I've eating Tuna Fish only since I arrived here. I can't eat any vegetables at all. Ensure has always been approved for me by Dr. Thompson (2003) on 08-14-07. I can't eat the food here. I want the diet given to me since I arrived the jail this time around; referring to diet order dated 09-08-2006. Actually, he also wanted "reassignment to another facility" based on my medical condition since I'm in the bathroom, often, I'm really a security risk! 3. States that "my Rectum has been swollen & raw since I arrived here and Metamucil was stopped. I was informed/instructed not to allow any Digital Rectal Exam for my condition" by my Surgeons.	

00033





VIRGINIA DEPARTMENT OF CORRECTIONS  
Complaint and Treatment Form (JOC 711)

Effective Date: June 1, 2007  
Operating Procedure #720.1 Attachment #1

Facility:

Lunenburg Correctional Center

Offender Name:

DeLaney George

Number: 374390

Date/Time

Complaint and Treatment

Signature and Title

10-08-2007

MM Tintake, Evaluation

Of well-dev. A x O x 3, AVSS.  
Wt ↑ 8 lbs noted, Comfortable.  
Not Pale. Anicteric. Hydration  
good. Ambulant & steady  
gait.

HEENT & Neck: - Unremarkable

Chest - Lungs CTA (B)

CV-RRR. S<sub>2</sub> & M<sub>3</sub> (m)

Abd - Not distended, well  
healed ant. abdominal abd.

Surgical scar, soft, nontender,  
& Masses. B5 (B)

Rectal Area inspection only, limited as he  
refused DRE - anal orifice is not  
dry & any lesion, anal protrusion, blood  
No. bld or hemorrhoids, or

evidence of bleeding. Ext - edema & chub

1. Ulcerative & colitis sp. Colectomy;

chronically stable with

Wt gain since arriving in the syst

There is no medical indication for

Ensure or Bottom Bank at the present

time. Threatening taking things

up at higher level. since Ensure

was "approved by Richmond in the past!"

2. Me Amucil 1 packet/scoop bid H<sub>2</sub>O

3. RTC - PRN -

needed PK. Chai, MO 10-8-07-1440

markus  
paulass

[ 00034 ]

Revision Date: 2/23/07



VIRGINIA DEPARTMENT OF CORRECTIONS  
Complaint and Treatment Form (JOC 711)

Effective Date: June 1, 2007  
Operating Procedure #720.1 Attachment #1

Facility:

Lunenburg Correctional Center

Offender Name:

DODD, J.  
Last

DOUGLAS  
First

Number:

374390

Date/Time

Complaint and Treatment

Signature and Title

11-7-07

a) diet problem.

11-15-

inmate to assist with food.

170158

assisting inmate.

102/08-

b) does not apt. to address diet.  
issues - more given for other  
inmate paper - inmate of food  
these items

[Signature]  
[Title]



VIRGINIA DEPARTMENT OF CORRECTIONS  
LUNENBURG CORRECTION CENTER  
Complaint and Treatment (DOC 711)

Effective Date: January 16, 2006  
Form Procedure 718 Attachment 2

Commonwealth of Virginia  
Department of Corrections  
Complaint and Treatment Form (DOC 711)

Inmate Name: Delaney George  
Last First

Inmate Number: 374390

Institution/Date/Time	Complaint and Treatment	Signature and Title
LCC/ 11-8-07	Assess for extra toilet paper	
Allergies: N/A	S: (chief complaint) 47 y/o, M, s/p Ulcerative Colitis, s/p Colectomy done 1997. Abdominal Pain, intermittent, colicky. Bowel movts. has increased a lot since 2003. <del>Severe Vomiting. NO fever.</del>	
PMHx: Colectomy 2003	O: T: 97 HR: 64 RR: 18 WL: BP: 100/60 WVS INAD	
	NEURO: <input checked="" type="checkbox"/> WNL <input type="checkbox"/> ABNL	
	HEENT: <input checked="" type="checkbox"/> WNL <input type="checkbox"/> ABNL	
MHx: <input type="checkbox"/> MH0 <input type="checkbox"/> MH1 <input type="checkbox"/> MH2	NECK: <input checked="" type="checkbox"/> WNL <input type="checkbox"/> ABNL	
	LUNGS: <input checked="" type="checkbox"/> WNL <input type="checkbox"/> ABNL	
	HEART: <input checked="" type="checkbox"/> WNL <input type="checkbox"/> ABNL	
	ABD/GI: <input checked="" type="checkbox"/> WNL <input type="checkbox"/> ABNL Abdomen full, soft, Nontender, hyperborborygmi & bowel sounds	
	GU: <input checked="" type="checkbox"/> WNL <input type="checkbox"/> ABNL	
	GENITALS: <input checked="" type="checkbox"/> WNL <input type="checkbox"/> ABNL	
	EXTREMITIES: <input checked="" type="checkbox"/> WNL <input type="checkbox"/> ABNL	
	DRE: <input checked="" type="checkbox"/> WNL <input type="checkbox"/> ABNL	
	A: General Condition <input checked="" type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor	
	h/p Ulcerative Colitis = Total Colectomy assoc. with partial bowel obstruction to stricture clinically stable	
	P: 1. GI Consult; evaluate for Colonoscopy to further evaluate ileal stricture for dilatation. This procedure was cancelled prior to his transfer to LCC. He is still symptomatic without overt signs of obstruction at this time. 2. Dietary Counseling done 2° Dietary indiscretion; eating all types of food from the commissary. 3. Provide 3 rolls of Toilet Paper & weekly	- Needs UMMC approval for GI Consult. PD

memo to Elm  
Medical Center

Revision Date: 06/06/06

3. Provide 3 rolls of Toilet Paper & weekly



VIRGINIA DEPARTMENT OF CORRECTIONS  
Complaint and Treatment Form (JOC 711)

Effective Date: June 1, 2007  
Operating Procedure #720.1 Attachment #1

Facility:

Lunenburg Correctional Center

Offender Name:

Melaney  
Last

George  
First

Number: 374390

Date/Time

Complaint and Treatment

Signature and Title

LCC 1700

11-8-07

C) Segregation Assessment  
O) VS 11/8/80, T97.6°, P78, R16,  
Pox 97%. No skin impairments or  
discolorations noted.  
I) Escorted to Segregation by C/O  
Gennings.

A. Ogden



VIRGINIA DEPARTMENT OF CORRECTIONS  
Complaint and Treatment Form (DOC 711)

Effective Date: June 1, 2007  
Operational Procedure #720.1 Attachment #1

Facility:

Lunenburg Correctional Center

Offender Name:

Delaney George

Number: 374390

Date/Time

Complaint and Treatment

Signature and Title

11-09-2007  
9:00AM

MD Review: Diet Order  
Inmate Delaney has been abusing "Special Diet order" has been eating whatever he desires; confirmed by recent Dining Hall activity and Commissary list. His manipulative behavior was brought to his attention at yesterday's visit by myself and Mr. Graham. His clinical condition at this time does not warrant any Special Diet - that is, Special Diet or Ensure is NOT medically indicated.  
Plan: 1. D/C Special Diet order  
2. Mr. Delaney is advised to avoid whatever food items is not good for his bowels; as he has suffered from Bowel Condition for >10 years and knows ~~the~~ food items, he doesn't tolerate well.

J. C. Graham, MD

11-9-07  
1345

C) Emergency Grievance  
D) C/O not receiving medications  
I) I/M was on self-medication and has been changed to be given by nurse.

11/14/07 LCO  
0840

AD #180 SMI completed — [Signature] L. P. [Signature] CPT/RET

00038

Revision Date: 2/23/07





VIRGINIA DEPARTMENT OF CORR. S  
Complaint and Treatment Form (JOC 711)

Effective Date: June 1, 2007  
Operating Procedure #720.1 Attachment #1

Facility:

Lunenburg Correctional Center

Offender Name:

DeLaney

East

George

First

Number:

374390

Date/Time

Complaint and Treatment

Signature and Title

11-14-07

Sgt. Hurt - inmate does request

1185-

all snacks - today and dinner last night.

@L. DeLaney

LCC 11/14/07

C) Seq. Assessment for de-  
clared Hunger Strike.

142/96-

WT - 176.

D) Y/m standing very very  
verbal - low tone and obviously  
upset talking to Sgt. Hurt +  
Major Sabido. Y/m very co-  
operative w/ medical staff at  
this time.

E) VS taken + Y/m encouraged  
to calm down. <sup>MD</sup> ~~Hardy~~ re-assured  
Y/m that chart would go back  
to M.D. for another review.

Hardy RN.

LCC 11-14-07

1715

G) Emergency Grievance

H) Inmate registering his <sup>open</sup> ~~open~~ opinion  
of MD d/t his recent abuse of his  
diet order and consequent DC of  
special diet

I) Communicated report to MD - A. Osbourne



VIRGINIA DEPARTMENT OF CORRECTIONS  
Complaint and Treatment Form (JOC 711)

Effective Date: June 1, 2007  
Operating Procedure #720.1 Attachment #1

Facility:

Lunenburg Correctional Center

Offender Name:

DELANEY  
Last

GEORGE  
First

Number: 374390

Date/Time

Complaint and Treatment

Signature and Title

LCC 11-15-07

0440

C) HUNGER STRIKE  
O) WAS INFORMED BY INMATE  
THAT HE WAS ON HUNGER  
STRIKE - REQUESTED AND TOOK  
METAMUCIL - INFORMED OFF.  
LEWIS ABOUT HUNGER STRIKE -  
SGTS WALTON AND THOMPSON AWARE -  
INMATE TO BE OFFERED MEALS -  
WILL CONTINUE TO OBSERVE  
J. Shorter, w

LCC 11-15-07

10:40am

Sped pretest to MCH  
for GI Surgery Consult -

Robert AA

LCC

11-15-07

11:30am

✓ Abd Xray; Erect and Supine  
in Am, Same Films for  
✓ see med ctr. GI Surgery  
appt.

J. Pham, MD



VIRGINIA DEPARTMENT OF CORR. S  
Complaint and Treatment Form (DOC 711)

Effective Date: June 1, 2007  
Operating Procedure #720.1 Attachment #1

Facility:

Lunenburg Correctional Center

Offender Name:

DELANEY  
Last

GEORGE  
First

Number: 374390

Date/Time	Complaint and Treatment	Signature and Title
LCC	C) HUNGER STRIKE	
11-14-07	O) INMATE ESCORTED TO SEACU	
0430	By SGT. THOMPSON - WEIGHS 172 lbs	
	CONTINUES TO REFUSE FOOD -	
	I) WILL CONTINUE TO MONITOR -	
	J. Shortall RN	
LCC 11-15-07	Fixed braces to MEU for	
11:45am	OT Surgery Consult appt	R. Shortall RN
LCC 11-16-07	Medical Committee Meeting regarding	
12:00	Modified "Hunger Strike" by inmate.	
	Captain Anderson, Sgt. Harte, AN Graham, Major	
	Labriola, HSA Gary Graham, MD Paul Chai,	
	Senior Psychologist Lee, DON Shortall	
	in Attendance. After thorough review of	
	IM chart, A brief discussion of IM's	
	medical hx WAS discussed. Indication	
	for special diet discussed. Upon	
	conclusion - IM will be sent to GI	
	Ex specialist to determine current status	
	of VC & needs for special diet. Until	
	Appt. IM will be given A low-residue	
	diet. DON Shortall will provide information.	
	to food service regarding A low-residue	
	diet until DOC Dietitians can direct	
	this effort, expected Next week. Thereafter,	
	the DOC Dietitians can direct food service	
	in preparation of A low residue diet.	J. Shortall RN

Effective Date: June 1, 2007  
Operating Procedure #720.1 Attachment #1

Lunenburg Correctional Center

Delaney  
Last

George  
First

Number: 374390

I 00042



VIRGINIA DEPARTMENT OF CORRECTIONS  
LUNENBURG CORRECTION CENTER  
Complaint and Treatment Form (DOC 711)

Effective Date: January 16, 2006  
Operating Procedure 718 Attachment 2

Commonwealth of Virginia  
Department of Corrections  
Complaint and Treatment Form (DOC 711)

Inmate Name: DeLaney George  
Last First

Inmate Number: 374390

Institution/Date/Time	Complaint and Treatment	Signature and Title
LCC/ 11-16-2007 2:15 PM NKDA	47 y/o, O, c 1/2 Ulcerative Colitis s/p GI Surgery S: (chief complaint) April, 1998. Declared Hunger Strike 3 days. Demerol bowel movement. Vomiting associated with abdominal pain. Hunger Strike demand - want to be transferred out of LCC.	
PMHx:	O: T 97.9 HR: 58 RR: 16-19 BP: 150/90 TVSS UNAD 99% NEURO: <input checked="" type="checkbox"/> WNL <input type="checkbox"/> ABNL Talkative, comfortable, Agitated HEENT: <input checked="" type="checkbox"/> WNL <input type="checkbox"/> ABNL Not Pale, Anicteric NECK: <input checked="" type="checkbox"/> WNL <input type="checkbox"/> ABNL Hydration - good, Skin turgor - wnl	Boxers T-shirt Jumpsuit Socks Shower shoes Gloves Leg irons
MHHx: <input type="checkbox"/> MH0 <input type="checkbox"/> MH1 <input type="checkbox"/> MH2	LUNGS: <input checked="" type="checkbox"/> WNL <input type="checkbox"/> ABNL HEART: <input checked="" type="checkbox"/> WNL <input type="checkbox"/> ABNL ABD/GI: <input checked="" type="checkbox"/> WNL <input type="checkbox"/> ABNL Abdomen is soft, NT, & masses	None of the above Leg irons Weight 215
	GU: <input checked="" type="checkbox"/> WNL <input type="checkbox"/> ABNL GENITALS: N/A EXTREMITIES: <input checked="" type="checkbox"/> WNL <input type="checkbox"/> ABNL DRE: N/A	
	A: General Condition <input checked="" type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor No Ulcerative Colitis s/p Abdominal Surgery, & hunger strike continues. He is clinically stable. No evidence of dehydration - clinically.	
	P: I've reassured him that medical diet is being offered to him now. He understands that but still "wants to be transferred out of this facility." He is upset & the motivation as a whole he stated	

drawn & sent  
to the lab

1. ✓ CBC ✓ CMP and ✓ Urinalysis.  
2. RTC - as per protocol  
Keehan - 11-16-07 1530 PC Pham, MD

Revision Date 01/16/06



Effective Date: June 1, 2007  
Operating Procedure #720.1 Attachment #1

**Number:** 374390

*First*

[ 00044 ]

Effective Date: June 1, 2007  
**G. Rating Procedure #720.1 Attachment #1**

**Number:** 374390

*First*

Revision Date: 2/23/07

Effective Date: June 1, 2007  
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Number: 374390

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Revision Date: 2/23/07

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**Number:** 374390

*First*

Revision Date: 2/23/07

Effective Date: June 1, 2007  
Operating Procedure #720.1 Attachment #1

**Number:** 374390

*First*

[ 00048 ]



CTIONS  
m (DOC 711)

Effective Date: June 1, 2007  
Operating Procedure #720.1 Attachment #1

**Number:** 374390

*First*

Revision Date: 2/23/07



VIRGINIA DEPARTMENT OF CORRECTIONS  
Complaint and Treatment Form (DOC 711)

Effective Date: June 1, 2007  
Operating Procedure #720.1 Attachment #1

Facility: LUNENBURG CORRECTIONAL CENTER

Offender Name:

Delsney  
Last

George  
First

Number: 374390

Date/Time	Complaint and Treatment	Signature and Title
11-20-07 2355	C) Emergency Grievance. O) C/O unable to have bowel movement or pass gas. I) Building called & instructions to ask I/M if he wanted a laxative to assist & bowel movement. I/M refused offer of a laxative per building officer.	<u>PR</u>
100 11-21-07 0430	C) RECEIVED REPORT INMATE WAS GOING TO RESUME HUNGER STRIKE. O) UPON ARRIVAL TO SEC, INMATE STATED THAT HE WAS NOT ON A HUNGER STRIKE - TOLERATED MED S DIFFICULTY - C/O STOMACH PAIN - I) WILL CONTINUE TO OBSERVE — <u>J. Shasta Lora</u>	
11-22-07 0455	C) Emergency Grievance O) C/O passing lg. chunks of food & blood, abd. pain. I/M stated he has to hit himself in the back to help move his bowels. I) Nurse Paull could not confirm blood in <del>stool</del> I/M Bm due to it was settled in the bottom of toilet. Blood noted on toilet paper sm. amount. A distress noted Will continue to monitor C. Paull	<u>C. Paull</u>